

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/802,129</td> </tr> <tr> <td>Filing Date</td> <td>MARCH 16, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>STANLEY R. LUHR</td> </tr> <tr> <td>Title</td> <td>BUILDER RISK ASSESSMENT SYSTEM</td> </tr> <tr> <td>Art Unit</td> <td>4137</td> </tr> <tr> <td>Examiner Name</td> <td>BRANDI P. PARKER</td> </tr> <tr> <td>Attorney Docket Number</td> <td>10108-001A (QBUILT.001A)</td> </tr> </table>	Application Number	10/802,129	Filing Date	MARCH 16, 2004	First Named Inventor	STANLEY R. LUHR	Title	BUILDER RISK ASSESSMENT SYSTEM	Art Unit	4137	Examiner Name	BRANDI P. PARKER	Attorney Docket Number	10108-001A (QBUILT.001A)
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First Named Inventor	STANLEY R. LUHR														
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Examiner Name	BRANDI P. PARKER														
Attorney Docket Number	10108-001A (QBUILT.001A)														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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OR

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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

STANLEY R. LUHR

Telephone

800-547-5125

Title and Company

APPLICANT

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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